

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039233

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 28 1962

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

RURAL MERAMEC

Length of stay in lb

5 MONTHS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. JOSEPH'S HILL INFIRMARY

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR TOWN

ARNOLD

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

RR #1 - BOX 257

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN

DANIEL

BARRY

4. DATE

Month

Day

Year

OF DEATH

OCTOBER

14

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-13-1875

9. AGE (last birthday)

87

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10b. KIND OF BUSINESS OR INDUSTRY

COTTON WAREHOUSE

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN

BARRY

13b. MOTHER'S MAIDEN NAME

MARGARET

HOWE

14. NAME OF HUSBAND OR WIFE

LOUISA HELFENSTEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

BROTHER LEONARD ST. JOSEPH'S HILL INFIRMARY

Address

ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cardiac decompensation

INTERVAL BETWEEN

ONSET AND DEATH

3 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

generalized arteriosclerosis with arteriosclerotic

DUE TO (c)

and cerebral involvement

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Semility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

May 1962

to 10/14/62

and last saw him alive on

10/10/62

Death occurred at

6 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Patrick B. Hogan

22b. ADDRESS

Ms 3664 South Grand St Louis 18

22c. DATE SIGNED

10/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

OCT. 17, 1962

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thomas Xutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

10-17-62

26. REGISTRAR'S SIGNATURE

Robert E. Bauer

OCT 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4861

P. O. Address St Louis 19, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Ambergan 3614 S. St. Louis
PR 13525